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15 Number of Pages (including this page)

Date: December 13, 2005

To: Examiner Abelson, Ronald B. - Group 2666

Location: United States Patent and Trademark Office

Fax No.: 571-273-8300

From: Jeffrey K. Jacobs (Registration No. 44,798)

Subject: Serial No. 09/928,140 -Valentin Opreescu-Surcobe

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MESSAGE:

Enclosed herewith, please find a RESPONSE Office Action and REQUEST FOR EXTENSION OF TIME for filing in the below-identified application.

PLEASE GIVE THESE PAPERS TO:

EXAMINER:	Abelson, Ronald B.
GROUP ART UNIT:	2666
SERIAL NO.:	09/928,140
FILED:	August 10, 2001
INVENTOR:	Valentin Opreescu-Surcobe
ATTORNEY DOCKET NO.:	CE09004R

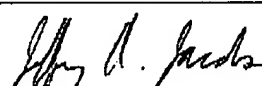
PTO/SB/21 (08-00)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/928,140	
	Filing Date	August 10, 2001	
	First Named Inventor	Valentin Oprescu-Surcobe	
	Group Art Unit	2866	
	Examiner Name	Abelson, Ronald B.	
Total Number of Pages in this Submission	4	Attorney Docket Number	CE09004R


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ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <ul style="list-style-type: none"> <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Response to Notice of Non- Recording of Document
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Jeffrey K. Jacobs	Registration No.	44,798
Signature			
Date	December 13, 2005		

CERTIFICATE OF TRANSMISSION

hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313			
Typed or printed name	Jeffrey K. Jacobs		
Signature		Date	December 13, 2005

FEE TRANSMITTAL				Complete if Known																																																																																																																																																								
Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number		09/928,140																																																																																																																																																						
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>66</td><td>Surcharge - late filing fee or claim</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>166</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY: Jeffrey K. Jacobs				Complete (if applicable) Registration No. 44,798 Telephone 847/578-5562																																																																																																																																																								
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